

STATE OF ARIZONA  NON-EMPLOYEE TRAVEL CLAIM				AGENCY <div>Administrative Office of the Courts</div>				DATE					
				SOCIAL SECURITY NUMBER 20				ACH <div><input type="checkbox"/> YES <input type="checkbox"/> NO</div>					
NAME				PURPOSE OF TRAVEL / DESCRIPTION				BUDGET CODE TO BE CHARGED					
RESIDENCE ADDRESS AND CITY				PHONE NUMBER		DRIVER LICENSE #		VEHICLE TYPE <div><input type="checkbox"/> STATE <input type="checkbox"/> RENTAL <input type="checkbox"/> PERSONAL <input type="checkbox"/> PASSENGER</div>					
DATE	PLACE DEPARTED FROM	TIME	PLACE ARRIVED AT	TIME	ODOMETER		MILES	MILEAGE	TRANS- PORTATION	MEALS	LODGING	OTHER	TOTAL EXPENSES
					START	END							
NOTES:													
								BALANCE BROUGHT FORWARD FROM CONTINUATION PAGES >					
								TOTAL TRAVEL EXPENSES					
I CERTIFY THE ABOVE ITEMS OF EXPENSE WERE INCURRED FOR AUTHORIZED OFFICIAL STATE BUSINESS; THEY ARE CORRECT AND PROPER CHARGES; THE PRIVATE VEHICLE, IF USED, IS COVERED BY LIABILITY INSURANCE.								I CERTIFY THAT THE ABOVE TRAVEL WAS AUTHORIZED FOR OFFICIAL STATE BUSINESS AND PAYMENT THEREOF WILL NOT EXCEED APPROPRIATION ALLOTMENT OR OTHER AUTHORIZED FUNDS.					
TRAVELER SIGNATURE				DATE				DIVISION AUTHORIZED SIGNATURE / DATE			AGENCY ACCOUNTING AUTHORIZED SIGNATURE / DATE		